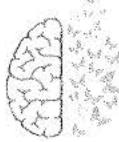


CB-1



PEACE OF MIND
Counseling

Report of Attention Deficit Hyperactivity Disorder Evaluation (Confidential Information)

IDENTIFYING INFORMATION

Patient Name: Markus Kitchens

Patient DOB: [REDACTED]

Chronological Age: 31 years, 0 months

Appointment Dates: 2/7/23 (Intake Interview), 2/8/23 (Testing)

Gender: Male

Provider: Christina G. Bacon, LPP

ASSESSMENT PROCEDURES

Clinical Interview

Record review

Behavioral Observations

DIVA-2

Achenbach System of Empirically Based Assessment- self-report

Achenbach System of Empirically Based Assessment- spouse's report

Achenbach System of Empirically Based Assessment- mother's report

MOXO- Distracted Continuous Performance Test (d-CPT)

REFERRAL QUESTION

Dr. Kitchens is a 31-year-old male who requested an ADHD assessment. He explained that while he had been treated for ADHD for years, he was unable to use the current diagnosis and would need another assessment for confirmation.

CHIEF COMPLAINT & CURRENT SYMPTOMS

Upon the clinical interview with Dr. Kitchens, he indicated that he felt worried about the extreme difficulty he has had taking an exam without accommodations. He explained that he was diagnosed with ADHD as a young child (approximately 1st or 2nd grade) with difficulty with attending, following directions, completing tasks, and using impulse control. He reported that while he was treated with behavioral management of the symptoms, his mother would not agree to medication management of his symptoms. Dr. Kitchens reported that he had previously been assessed in Lexington, but was unsure where and did not have a copy of his report. He has been seen by a nurse practitioner for the past six months and has been prescribed Adderall 20mg twice per day to manage his symptoms.

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He explained the negative impact of his symptoms on his daily life and particularly taking tests. Dr. Kitchens struggles with executive functioning, including working memory, focusing on the task at hand, managing his time efficiently, impulse control, resuming tasks once interrupted, and tolerating stress. He noted that maintained structure and multiple whiteboards, notes, and reminders in all areas of his home. He reported that even with the scaffolding he has created, he still forgets a task or loses track of time. Dr. Kitchens explained that distractibility is such an issue for him, he uses noise-canceling headphones, has covered the window in his office, and removes all distractors from his space when working.

PSYCHIATRIC HISTORY AND TREATMENT

Dr. Kitchens participated in an ADHD assessment in 2013 which resulted in a diagnosis of Attention Deficit Hyperactivity Disorder, Combined presentation. At that time, he was prescribed medication to manage his symptoms. He continued taking medication aside from a break while studying abroad, where he followed local laws regarding the medication. Dr. Kitchens regularly meets with Tina Holbrook, Nurse Practitioner for medication management of his symptoms.

CURRENT MEDICATIONS

Propranolol

Adderall 20 mg, twice per day

MEDICAL HISTORY

No relevant medical issues.

FAMILY HISTORY/LIVING SITUATION

Dr. Kitchens grew up in Chattanooga, TN where he lived with his mother and brother. He explained that his mother ensured he had structure to allow him to be successful. His mother enrolled him in tutoring, extra-curricular activities, and unofficial accommodations while in school. He currently lives with his wife in Richmond, Kentucky.

EDUCATIONAL/OCCUPATIONAL HISTORY

Markcus graduated high school from Tyner Academy and then Berea College with undergraduate degrees in pre-medicine and music. He attended the Medical University of Lublin, beginning in 2016. Dr. Kitchens was actively involved in his education and participated in student groups. He explained that he was successful in rounds, interacting with the patients, and managing hands-on work.

He started a Master's Degree in Healthcare Administration at Capella University but has taken a leave of absence due to an inability to follow through and stay on task without strict guidelines and structure to ensure the completion of tasks. He plans to resume studying for his Master's Degree after the completion of board exams.

SOCIAL HISTORY

Dr. Kitchens explained that while he has made friends, he often struggles with the fear that he will upset others based on his tendency to be verbose, and mistakenly interrupt others. He reported that his desire to fit in and connect with others has motivated him to learn and practice social skills, but he recognizes he still has the tendency to be intrusive with others.

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BEHAVIORAL OBSERVATIONS

Dr. Kitchens was assessed over two one-hour sessions. He attended the telehealth appointments and participated appropriately throughout. Markus appeared well-groomed and dressed appropriately for the weather and assessment. He demonstrated adequate hearing and vision for the testing as evidenced by answering questions and by following visual and verbal instructions.

During the clinical semi-structured interview, Dr. Kitchens was pleasant and open to answering questions about his experiences and symptoms. While he endorsed most of the symptoms, he required many words to describe his symptoms and displayed associative speech, as often seen with ADHD. He openly discussed the similarities and differences in his experience in childhood and adulthood. Markus demonstrated excellent effort, and therefore, the current results are believed to be an accurate reflection of his functioning.

While taking the twenty-minute MOXO-dCPT, Dr. Kitchens displayed difficulty sitting still as evidenced by twisting in his chair, shaking his hands, and fidgeting in his seat. He was verbose throughout all sessions and often apologized for interrupting the examiner. Further, he showed the examiner the scaffolding he has set in place in his home to improve his ability to function. He had removed all visual distractors and implemented schedules, routines, and physical supports in his home. This demonstrated a desire to succeed in this endeavor and the use of coping strategies along with medication management of his symptoms.

RESULTS**Diagnostic Interview for ADHD in Adults-2 (DIVA-2)**

During the semi-structured interview, Dr. Kitchens answered a series of questions focused on the specific behaviors related to ADHD. The DIVA-2 is a thorough evaluation of the diagnostic criteria for ADHD in adulthood. It is divided into domains focusing on criteria for inattention and hyperactivity during both adulthood and childhood. The DIVA-2 also assesses how these symptoms affect specific areas of life (i.e., work, relationships, social contacts, free time, self-confidence, and self-image).

Dr. Kitchens actively participated in this interview and answered all questions with relevant examples. He endorsed all nine criteria for inattention related to ADHD. He endorsed the following symptoms as being problematic in his life since childhood: failing to give close attention to details, difficulty sustaining attention in tasks, does not seem to listen when spoken to directly, failing to follow through on instructions, difficulty organizing tasks and activities, avoiding, disliking, or is reluctant to engage in tasks that require sustained mental effort, loses things necessary for tasks or activities, easily distracted by extraneous stimuli, and forgetful in daily activities.

He endorsed all nine symptoms related to hyperactivity in ADHD. Dr. Kitchens endorsed the following symptoms as being problematic in his life regularly: fidgeting with hands or feet or squirming in his seat, often standing when sitting is expected, feeling restless, finding it difficult to relax in leisure activities, often on the go, talking excessively, giving the answer before questions have been completed, difficulty waiting his turn, and interrupting the activities of others due to impatience.

Dr. Kitchens reported that these symptoms affect multiple facets of his life including work, social relationships, self-confidence, and self-image. Despite Dr. Kitchens successfully completing medical

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school, the symptoms have had a great impact on his work and education. His difficulty completing the board exams seems directly linked to his symptoms of ADHD. The impact on his self-image seems to be causing distress and more pressure to pass the exams. He explained uncertainty based on negative comments of others, negative self-image due to experiences of failure, and being distressed by the symptoms.

Achenbach System of Empirically Based Assessment (ASEBA) - Self-Report

ASEBA has been proven effective for differential diagnosis and recognizing behavioral trends and critical items. It has been shown to be highly reliable, valid, and normed with age and gender. The Adult Self-Report for Ages 18-59 (ASR 18-59) was completed by Markcus, to obtain his perception of his adaptive functioning and problems.

On the ASR/18-59 - Adaptive Functioning Scale Scores, Markcus's scores on the Friends, Spouse/Partner, and Family syndromes were in the normal range. Markcus's score on the Job syndrome was in the clinical range below the 3rd percentile. Markcus's score on the Education syndrome was in the borderline clinical range (3rd to 7th percentile). Markcus's score on the Mean Adaptive scale was in the normal range. Markcus's score on the Personal Strengths scale was in the normal range.

Markcus reported using no tobacco in the past 6 months. It was reported that Markcus had not been drunk. Markcus reported using no drugs for non-medical purposes during the past 6 months. On the Substance Use scales, Markcus's scores on all rated scales were in the normal range. Markcus's Mean Substance Use score was in the normal range for self-reports by men aged 31.

On the ASR 18-59 problem scales, Markcus's Internalizing Problems, Externalizing Problems, and Total Problems scores were all in the clinical range above the 90th percentile for men aged 31. Markcus's scores on the Withdrawn, Somatic Complaints, Thought Problems, Aggressive Behavior, and Rule-Breaking Behavior syndromes were in the normal range. Markcus's score on Attention Problems syndrome was in the borderline clinical range (93rd to 97th percentile). Markcus's scores on the Anxious/Depressed and Intrusive syndromes were in the clinical range above the 97th percentile. These results indicate that Markcus reported more problems than are typically reported for men aged 31, particularly problems of Anxious / Depressed, Attention Problems, and Intrusive nature. Markcus's scores on the Critical Items are listed in the box below. The sum of Markcus's scores on the Critical Items was in the borderline clinical range (93rd to 97th percentile).

On the ASR/18-59 - DSM-Oriented Scales, Markcus's scores on the Somatic Problems, Avoidant Personality Problems, and Antisocial Personality scales were in the normal range. Markcus's scores on the Depressive Problems, Anxiety Problems, and AD/H Problems scales were in the clinical range above the 97th percentile. These results indicate that the DSM should be consulted to determine whether Markcus meets the diagnostic criteria for Depressive Problems, Anxiety Problems, and AD/H Problems. On the Attention Deficit/Hyperactivity subscales, Markcus's scores on all rated scales were in the clinical range above the 97th percentile.

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Attention Problems Subscales
Inattention (I) Hyperactivity-Impulsivity (H-I)

	AD/H Problems	H-I		AD/H Problems	H-I
2	1. Forgetful	-	-	89. Rushes Into	2
2	8. Concentrate	-	1	105. Disorganized	-
-	10. SitStill	2	2	108. LosesThings	-
-	36. Accidents	0	-	115. Fidgety	2
-	41. Impulsive	2	-	118. Impatient	2
2	59. FailsToFinish	-	2	119. PoorAtDetails	-
1	61. PoorWork	-			

	AD/H Problems	H-I
12	Raw Score	10
76	T-Score	75
>97	Percentile	>97

Borderline = 93rd-97th Percentile

Clinical = >97th Percentile

Achenbach System of Empirically Based Assessment (ASEBA) - Spouse's Report

The Adult Behavior Checklist for Ages 18-59 (ABCL 18-59) was completed by Amelia Kitchens, Markcus's spouse, to obtain Amelia Kitchens's perception of Markcus's adaptive functioning, substance use, and problems. On the ABCL/18-59 - Adaptive Functioning Scale Scores, Markcus's scores on all rated scales were in the normal range. Markcus's score on the Personal Strengths scale was in the normal range.

Amelia Kitchens reported that Markcus used no tobacco in the past 6 months. Amelia Kitchens reported that Markcus had not been drunk. Amelia Kitchens reported that Markcus used no drugs for non-medical purposes during the past 6 months. On the Substance Use scales, Markcus's scores on all rated scales were in the normal range. Markcus's Mean Substance Use score was in the normal range for men aged 31.

On Markcus's ABCL 18-59 problem scales for men aged 31, the Internalizing Problems scale score was in the clinical range above the 90th percentile, the Externalizing Problems scale score was in the normal range, the Total Problems scale score was in the clinical range above the 90th percentile. His scores on the Withdrawn, Somatic Complaints, Aggressive Behavior, and Rule-Breaking Behavior syndromes were in the normal range. His scores on Thought Problems, Attention Problems, and Intrusive syndromes were in the borderline clinical range (93rd to 97th percentile). His score on the Anxious / Depressed syndrome was in the clinical range above the 97th percentile. These results indicate that Amelia Kitchens reported more problems than are typically reported for men aged 31, particularly problems of Anxious / Depressed, Thought Problems, Attention Problems, and Intrusive nature.

On the ABCL/18-59 - DSM-Oriented Scales, Markcus's scores on the Somatic Problems, Avoidant Personality Problems, and Antisocial Personality scales were in the normal range. Markcus's scores on the Anxiety Problems and AD/H Problems scales were in the clinical range above the 97th percentile.

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These results indicate that the DSM should be consulted to determine whether Markus meets the diagnostic criteria for Anxiety Problems and AD/H Problems. Markus's score on the Depressive Problems scale was in the borderline clinical range (93rd to 97th percentile). Markus's score in the borderline clinical range suggests that the DSM should be consulted to determine whether Markus might meet diagnostic criteria for disorders characterized by problems included on that scale. On the Attention Deficit/Hyperactivity subscales, Markus's score on the Inattention Problems Subscale scale was in the clinical range above the 97th percentile. Markus's score on the Hyperactivity-Impulsivity scale was in the borderline clinical range (93rd to 97th percentile).

Attention Problems Subscales
Inattention (I) Hyperactivity-Impulsivity (H-I)

	AD/H Problems	H-I		AD/H Problems	H-I
2	1. Forgetful	-	1	61. PoorWork	-
2	8. Concentrate	-	-	89. RushesInto	1
-	10. SitStill	2	1	105. Disorganized	-
-	36. Accidents	0	2	108. LosesThings	-
-	41. Impulsive	2	-	115. Fidgety	2
2	59. FailsToFinish	-	-	118. Impatient	1
			1	119. PoorAtDetails	-

	AD/H Problems	H-I
11	Raw Score	8
73	T-Score	69
>97	Percentile	97

Borderline = 93rd-97th Percentile

Clinical = >97th Percentile

MOXO d-CPT

MOXO d-CPT is a continuous performance test that is highly effective in the measurement of Attentiveness, Timeliness, Impulsivity, and Hyper-reactivity. This computerized assessment tool has shown a 90% sensitivity in the recognition of symptoms of ADHD, with reliable test-retest results.

The MOXO d-CPT lasts approximately twenty minutes and measures four different areas related to ADHD. The Attentiveness scale measures the participant's ability to respond correctly and remain focused. Timeliness measures the ability to respond quickly and accurately. The Impulsivity scale measures the tendency to respond hastily, without evaluating the situation. Hyperactivity measures difficulty in regulating motor skills.

According to the norm comparison table in the MOXO test, Markus presented a deviation outside the normal range on the Attention, Timeliness, Impulsiveness, and Hyper-Reactivity scales. Each scale is measured with a z-score, compared to same-age peers. The z-score for Attention (-15.20), Timeliness (-5.07), Impulsiveness (-4.05), and Hyper-Reactivity (-8.05) illustrate the expectation of impairment in these areas. Each deficit is rated in either low, medium, high, or extreme severity. His scores represented an extreme level of deficit on all four scales. This level of deficit would noticeably affect his ability to

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attend to important information, answer questions in a timely manner, evaluate and respond quickly and accurately, and regulate motor responses.

Dr. Kitchens's baseline results demonstrated decreased performance in attentiveness and timeliness, where his impulsivity improved as the test progressed. Visual distractors decreased his performance in timeliness but showed an increase in hyper-reactivity. Auditory distractors did not affect his performance. A combination of auditory and visual distractors resulted in a decrease in his timeliness and an improvement in hyper-reactivity. When presented with all auditory and visual distractors at once, his performance was not affected.

According to the norm comparison table in the MOXO test, a deviation from the norm is detected in Dr. Kitchens's tests. This deviation could indicate attention difficulties and along with other findings, the existence of ADHD.

SUMMARY & INTERPRETATION

Dr. Kitchens demonstrated excellent effort during testing; therefore, his test results are considered an accurate reflection of his current functioning.

Markcus has shown similar behaviors in his home and during the evaluation. His focus on achievement and motivation to manage his symptoms seem to have prevented him from experiencing more negative outcomes.

During the DIVA-2 semi-structured interview, Dr. Kitchens actively participated and endorsed nine symptoms related to the Inattentive presentation of ADHD and nine symptoms related to the Impulsive/Hyperactive presentation of ADHD. According to the DSM-5-TR, three symptoms of either Inattention or Impulsive/Hyperactive are needed to diagnose each presentation, or three from both to diagnose a combined presentation. He exceeds the number of symptoms for diagnosis of ADHD, Combined presentation. As noted earlier, Markcus's behavior has been seen since childhood, diagnosed by multiple practitioners, and has been provided medication for the disorder since 2013. Further, ADHD is known to be a lifelong neurodevelopmental disorder. According to Russell Barkley, Ph.D., significant impairment persists in 50-89 percent of adults who were diagnosed as children.

The Achenbach System of Empirically Based Assessments indicated similar answers between Dr. Kitchens and his wife. This indicates that he and his wife see similar behaviors. Both Dr. Kitchens and his wife rated his Inattentive symptoms above the 97th percentile. Dr. Kitchens rated Impulsivity above the 97th percentile while his wife rated it at the 97th percentile.

On a computerized measure of sustained attention, timeliness, impulsivity, and hyper-reactivity, he produced atypical z-scores in all four scales. These deviations are consistent with attention difficulties related to ADHD.

Dr. Kitchens presented consistent behavior throughout the assessment. His behavior during the observation and semi-structured interview were consistent with the reports of his behavior on the Achenbach System of Empirically Based Assessments. Further, his performance on the MOXO d-CPT indicates consistency with ADHD.

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Markus has been diligently focused on learning coping skills to manage symptoms including organization, routine, structure, reminders, and removal of distractions. Unfortunately, despite creatively managing some aspects of his environment and symptoms, he continues to experience significant difficulties with the symptoms of restlessness, distraction, forgetfulness, losing items, managing time, and focusing.

DIAGNOSTIC IMPRESSIONS

Attention-Deficit Hyperactivity Disorder, Combined Presentation

RECOMMENDATIONS FOR CARE

1.) It is recommended that Markus continue to participate in medication management and/or therapy to provide support regarding his current symptoms of ADHD.

2.) Dr. Kitchens is recommended to seek accommodations when taking tests, such as board exams.

Some recommendations for possible accommodations include, but are not limited to

- a) The allowance of extra time for test completion, double time would be recommended
- b) The allowance of extra breaks to move during testing
- c) The ability to wear noise-canceling headphones or earplugs to decrease the audio distractions in the exam room
- d) The option to break the test into smaller time periods, over multiple days

3.) It is recommended that Dr. Kitchens engage in regular physical and mental self-care activities that bring him enjoyment. Ensuring consistent schedules including regular time to go to bed and wake, ensuring proper daily water intake and nutrition, and engaging in regular social activities can provide significant benefits to mental health.

4.) Markus is encouraged to seek information related to managing ADHD symptoms from reputable sources such as reliable podcasts (CHADD, ADDitude Magazine, etc.) and books (i.e., "Taking Charge of Adult ADHD" by Russell Barkley, Ph.D.).

Thank you for allowing us to be a part of your care. Should you have any questions or concerns, please do not hesitate to contact me at christina@peaceofmindky.com



Christina G. Bacon, LPP